

Case Number:	CM14-0039158		
Date Assigned:	06/27/2014	Date of Injury:	06/01/2010
Decision Date:	08/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained injuries to his neck, back, and right upper extremity on 06/01/10 while cutting a tree limb, the tree limb broke and he fell approximately 10 feet to the ground. The injured worker reported a brief moment of unconsciousness when he stood up, he noticed he had injuries to his right hand and five to ten minutes later, he felt intense pain in the left leg and head. He presented to the emergency department where x-rays of his right wrist were obtained. He was given medications and a cast placed on his right wrist. He was out of work for approximately four months. Two years later, he lost consciousness while up in a tree. The injured worker continued to complain of right wrist pain 9-10/10 visual analog scale and neck pain 7-10/10 visual analog scale. He had been off work since May of 2013. Physical examination of the right wrist/hand noted dorsiflexion 30 degrees, volar flexion 30 degrees, radial deviation 5 degrees, ulnar deviation 10 degrees; Tinel's positive; Phalen's positive; Jamar grip strength 20/26/16; right wrist deformity distal radius with foreshortening, loss of volar tilt and proximal ulna; tenderness over distal radial ulnar joint; abnormal two point discrimination of right median nerve distribution; decreased sensation; full range of motion with fingertip flexion/to the mid palmar crease and full thumb range of motion. Plain radiographs of the right hand revealed right radius ulna wrist healed fracture distal radius with deformity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Electrodiagnostic studies (EDS).

Decision rationale: Previous request was denied on the basis that previous EMG/NCV of the bilateral upper extremities on 08/29/13 was positive for right C6-7 denervation changes. NCV demonstrated bilateral slowing involving the median nerve at or near the carpal tunnel with the abnormality seen on motor and sensory fibers greater on the right. There was no significant change in the condition of the injured worker; therefore there was no need for a repeat EMG/NCV of the bilateral upper extremities. Furthermore, there was no indication that the injured worker had any symptomatology in the left upper extremity that would warrant electrodiagnostic studies of the left upper extremity. The request is not medically necessary.